

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PLL CIRCUIT AND DATA READ-OUT CIRCUIT

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, S.119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

<u>Prior Foreign Application(s)</u>		<u>Priority Claimed</u>
<u>11-324576</u> (number)	<u>Japan</u> (country)	<u>15/11/1999</u> Day/Mo/Yr filed
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u> (number)	<u>                    </u> (country)	<u>                    </u> Day/Mo/Yr filed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u> (number)	<u>                    </u> (country)	<u>                    </u> Day/Mo/Yr filed
		<input type="checkbox"/> Yes <input type="checkbox"/> No

And I hereby appoint HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., a firm composed of Oliver W. Hayes, Reg. No. 15,867; Norman P. Soloway, Reg. No. 24,315; William O. Hennessey, Reg. No. 32,032; Susan H. Hage, Reg. No. 29,646; Steven J. Grossman, Reg. No. 35,001; and ~~Christopher K. Gagne, Reg. No. 36,142,~~ or any of them, of 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400) my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

09712104-11400

Please direct all future correspondence in connection with this application to the attention of Norman P. Soloway, Esq., HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole  
or first inventor Masaki SANO  
First Inventor's  
signature Masaki Sano (佐野) Date November 7, 2000  
Residence Tokyo, Japan  
Citizenship Japanese  
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Full name of second  
joint inventor, if any \_\_\_\_\_  
Second Inventor's  
signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of third  
joint inventor, if any \_\_\_\_\_  
Third Inventor's  
signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fourth  
joint inventor, if any \_\_\_\_\_  
Fourth Inventor's  
signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fifth  
joint inventor, if any \_\_\_\_\_  
Fifth Inventor's  
signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

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